WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—*Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.*

STATE OF TENNESSEE

STATE BOARD OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF DEATH

Subs 24256

1 PLACE OF DEATH

County Madison

Civil Dist. 15th

OR Village

OR City Jackson (No. ..... St.; ..... Ward)

Registration District No. 585

Primary Registration District No. 45-815

File No. .....

Registered No. 371

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Robert Lee Blakney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
M	W	M

6 DATE OF BIRTH Sept. 24 (Month) (Day) 1866 (Year)

7 AGE 62 yrs. ..... mos. ..... ds. If LESS than 1 day, ... hrs. or ..... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Roadwork
(b) General nature of industry, business, or establishment in which employed (or employer): Foreman

9 BIRTHPLACE (State or country): Miss.

PARENTS

10 NAME OF FATHER: J. W. Blakney

11 BIRTHPLACE OF FATHER [State or country]: Miss.

12 MAIDEN NAME OF MOTHER: Elya Sawyer

13 BIRTHPLACE OF MOTHER [State or country]: Ga.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
[Informant] Mrs Arthur Valentine
[Address] Jackson Tenn.

15 Filed 10-13 1918 W. F. Saunders REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 26 [Month] [Day] 1918 [Year]

17 I HEREBY CERTIFY, That I attended deceased from Sept 12 1918 to Sept 26 1918, that I ~~last~~ saw him alive on ....., 19..., and that death occurred, on the date stated above, at 5T 45 A M

The CAUSE OF DEATH* was as follows:

205b

Apoplexy ??

[Duration] ..... yrs. ..... mos. ..... ds.

Contributory [SECONDARY] D'C.

[Duration] ..... yrs. ..... mos. ..... ds.

Signed James C. Jones M. D.

10 Oct, 1918. Address Jackson Tenn

* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. State whether or not an operation was performed.

18 LENGTH OF RESIDENCE [FOR HOSPITALS, INSTITUTIONS TRANSIENTS, OR RECENT RESIDENTS]

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL: Hollywood — DATE OF BURIAL: 9/27 1918

20 UNDERTAKER: Ewing [illegible] — ADDRESS